

Schedule C – Director's Directions for Operational Plans (Subject System Description Form)

Municipal Residential Drinking Water System

Fields marked with an asterisk (*) are mandatory.

Owner of Municipal Residential Drinking Water System *

Corporation of the Town of Niagara-on-the-Lake

Subject Systems

Name of Drinking Water System (DWS) *	Licence Number *	Name of Operating Subsystems (if applicable)	Name of Operating Authority *	DWS Number(s) *
1. Bevan Heights Distribution System	069-101		Town of Niagara-on-the-Lake	260062452

Contact Information for Questions Regarding the Operational Plan

Primary Contact

Last Name *

Wills

First Name *

Darrin

Middle Initial

A

Title *

Engineering Technologist, DWQMS

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Secondary Contact

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MacKenzie

First Name

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Title

Manager of Public Works

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